## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

NSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ppropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as adicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for naintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

| 26574<br>SCHIFF HARD<br>PATENT DEPAI<br>6600 SEARS TO<br>CHICAGO, IL 60   | RTMENT<br>WER  | /2008   |  | Carti   | Ficate of Mailing or Transi<br>Fee(s) Transmittal is being<br>h sufficient postage for firs<br>Stop ISSUE FEE address<br>O (571) 273-2885, on the da | deposited with the United tolass mail in an envelope above, or being facsimile the indicated below.  (Depositor's name) |  |
|---|--|---|--|---|--|---|--|
|   |  |   |  |   |  | (Signature)   |  |
|   |  |   |  |   |  | (Date)  |  |
| APPLICATION NO.   | FILING DATE  |   | FIRST NAMED INVENTOR   |   | ATTORNEY DOCKET NO.  | CONFIRMATION NO.  |  |
| 10/641,309<br>TTLE OF INVENTION:  | 08/14/2003<br>WEIGHT COMPENSA  | ATION DEVICE  | Rainer Haupl   |   | P03,0299   | 1040  |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE  | FEE TOTAL FEE(S) DUE   | DATE DUE  |  |
| nonprovisional  | NO   | \$1440  | \$300  | \$0   | \$1740   | 07/21/2008  |  |
| EXAMINER ART  |  |   | CLASS-SUBCLASS   | Ì   |  |   |  |
| MARCELO, EMMAN  | IUEL MONSAYAC  | 3654  | 254-364000   | J   |  |   |  |
| "Fee Address" indi<br>PTO/SB/47; Rev 03-02<br>Number is required.   | ondence address (or Cha<br>/122) attached.<br>cation (or "Fee Address<br>2 or more recent) attach                                      | nge of Correspondence "Indication form led. Use of a Customer | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.  |   |  |   |  |
| (A) NAME OF ASSIC   | GNEE<br>Aktiéngesellso   | chaft   | (B) RESIDENCE: (CITY   | and STATE OR CO   | OUNTRY)  | oup entity Government   |  |
| la. The following fee(s) a  Issue Fee  Publication Fee (N   |  | permitted)  | 4b. Payment of Fee(s): (Plea A check is enclosed.  | Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) |  |   |  |
| NOTE: The Issue Fee and   | s SMALL ENTITY state   | us. See 37 CFR 1.27.  | pted from anyone other than t  |   | L ENTITY status. See 37 C tered attorney or agent; or the  |   |  |
| nterest as shown by the r  Authorized Signature  Typed or printed name  | ecords of the United Sta   | ates Patent and Tradem.                                       | of Color   | <del></del>   | uly 9, 2008  |   |  |
| This collection of informan application. Confident submitting the completed his form and/or suggestion 30x 1450, Alexandria, V Alexandria, Virginia 223 | ation is required by 37 Ciality is governed by 35 I application form to the ons for reducing this builtinginia 22313-1450. DC 13-1450. | e USPTO. Time will virtue, should be sent to NOT SEND FEES O  | ation is required to obtain or FR 1,14. This collection is es ary depending upon the indivite Chief Information Office R COMPLETED FORMS To respond to a collection of interest of the collection of interest or the col | vidual case. Any cor<br>er, U.S. Patent and T<br>O THIS ADDRESS.                    | nments on the amount of ti<br>Frademark Office, U.S. Dep<br>SEND TO: Commissioner  | me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450,                                  |  |